

Transition Accountability Plan (TAP)

☐ Institution Phase
☐ Field Phase
☐ Transition

Name: _____ **DOC Number:** _____

Assets: _____ **Liabilities:** _____

Assessments: _____

Phase Start Date: _____ Estimated Transition Status Date: _____

Hearing Date: _____

Next Team Review Date: _____ Targeted Release Date: _____

The following plan is a joint effort between the offender, staff and other resources.

My problem(s) are:

- 1.
- 2.
- 3.

My self-defeating behavior(s) that may block my success are:

- 1.
- 2.
- 3.

My behavioral goal(s) to address my problem(s) are:

- 1.
- 2.
- 3.

My action plan to meet the above goals include:

- 1.
- 2.
- 3.

TARGET COMP.
DATE

REVIEW
DATE

COMP. DATE

Staff action plan to assist in meeting the above goals:

- 1.
- 2.
- 3.

COMPLETION DATE

Resource action plan to assist in meeting the above goals:

- 1.
- 2.
- 3.

COMPLETION DATE

Signature _____ # _____ Date: _____

Staff Signature _____ ID #: _____